

VISION 2000:
MANAGING THE ENVIRONMENTAL HEALTH SERVICES PROGRAM
OF THE INDIAN HEALTH SERVICE IN THE
TWENTY-FIRST CENTURY

<u>Section</u>	<u>Page #</u>
I Purpose	1
II Mission Statement	3
III Program Goals and Objectives	6
IV Management Philosophy	8
V Program Coalitions	11
VI Summary	11

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TWENTY-FIRST CENTURY

ENVIRONMENTAL HEALTH SERVICES BRANCH
DIVISION OF ENVIRONMENTAL HEALTH
OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING
INDIAN HEALTH SERVICE

I. PURPOSE

In "The Future of Environmental Health", published by the Committee on the Future of Environmental Health of the National Environmental Health Association, the following concern is expressed regarding the current status of environmental health and protection programs in the United States:

"The nation does not have an environmental health and protection system, but has a confusing patchwork of often overlapping and competing agencies having different and sometimes conflicting missions and divergent priorities...While this non system is costly, it also leads to confusion, inefficiency and ineffectiveness...the problem of environmental health and protection is sufficiently large and complex to warrant an evaluation of the current non system to determine what improvements and efficiencies might be appropriate to provide a greater level of protection for the environment and human health...The absence of a comprehensive, coordinated system to provide environmental health and protection services suggests that it might be impossible to properly balance risks with resources allocated to address those risks."

In order to ensure that environmental health services (EHS) program activities adequately address the relevant public health issues which will emerge during the last decade of this century, it is necessary to crystallize a vision of what we believe the program should look like in

the year 2000. This vision will be shaped by current and future legislation, emerging public health issues, and the expressed will of the tribes as they elect to exercise their right to self-determination as provided for in Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975.

The purpose of this paper is to clarify that vision and offer guidance which may be used by Indian Health Service (IHS) and Tribal/Corporation EHS staff in identifying program needs and in positioning the program to effectively meet the needs of the next century.

II. MISSION STATEMENT

The stated goal of the IHS is to elevate the health status of American Indians and Alaska Natives (AI/AN) to the highest level possible. Although this appears to provide a simple answer to the question, "Why are we here?", actual practice indicates that we frequently lose sight of this stated goal. Field staff are frequently caught between conflicting areas of interest among the service units, tribes and the area office. Program managers can easily become so involved in personnel and fiscal issues, that sometimes we begin to see the satisfactory resolution of those issues as the program objective, and forget our true purpose. We need to develop a clear idea of what our role should be and formulate a statement of purpose which will not only determine program direction and priorities, but will provide staff with a sense of motivation and direction as well. For this reason, the mission statement for the EHS program is stated as follows:

**To reduce environmentally related disease
and injury among American Indians and
Alaska Natives through preventive measures.**

The mission statement conveys in very simple language the main purpose of our being. However, there are several underlying assumptions inherent in this statement which further define our basic purpose, and are therefore integral components of our program:

- ! The emphasis on prevention;
- ! The importance of AI/AN people as our customers;
- ! The need to establish program priorities in light of insufficient resources;
- ! The decentralization of the program;

- ! The need to recruit and retain quality professional staff; and,
- ! The importance of tribal sovereignty as expressed through self determination and self governance.

The first of these assumptions which require further explanation is **the emphasis on prevention**. The cornerstone of the EHS program has always been prevention.

From preventing gastrointestinal illnesses in our program's infancy to preventing injuries in today's program, the emphasis continues to be on prevention, and should so remain. Even though basic programs may have changed, prevention needs to remain as the major focus of the EHS program. Environmental health professionals will come under increasing pressure to take a reactive role in cleaning up environmental pollution; however, to remain effective in dealing with a wide range of issues from water pollution to injury prevention, it will be increasingly important for us to maintain a proactive philosophy which is based on the principle of prevention.

"The Future of Public Health" states:

"Environmental policy must be based on prevention if there is to be any hope of preventing further resource depletion, ecological destruction and minimizing the health impacts of environmental contaminants. The Superfund Program has demonstrated that the complexity and costs of cleanup is well beyond current technology and resources. Current regulatory programs must incorporate incentives for pollution prevention as a means of complying with the intent and specific requirements of environmental laws."

Inherent in the need to place our major focus on prevention is the need for environmental health professionals to adopt a broad view concerning the scope of their duties. This broad view recognizes the interrelationships between environmental health and environmental protection issues, and reduces the program fragmentation that limits our ability to respond effectively to emerging issues. The IHS EHS program should never seek to become the "EPA on Indian lands" (indeed, we lack the resources and legislative authority to do so, even if we chose such a course), however it is essential that we strive to be knowledgeable of

environmental protection issues of concern in our local areas, and to be capable of assisting the tribes in quickly locating those agencies which are mandated and funded to provide the direct assistance which may be required. We must guard against the idea that programs such food, vector control, and institutional health are "health"; water supply, solid/hazardous waste, and liquid waste are "protection"; and injury prevention is "HP/DP".

The fact is that all such programs are interrelated and require comprehensive community-based planning in order to be effectively addressed. If environmental programs permit themselves to become fragmented into "health", "protection", and other components, they could drift under the line authority of several organizational elements, some of which may operate under a direct health care or facilities based model. When a preventive health program is forced to compete against direct care programs within a direct care model, it frequently translates into a lessened emphasis on prevention that subsequently results in reduced funding for preventive health programs, such as environmental health.

A second assumption answers the question, "Why are we in business?". If we are to achieve progress in reaching towards our mission statement, **AI/AN's and their Tribal governments must be the major focus and recipients of our services.** This common thread must be woven throughout the many program elements found in our comprehensive EHS programs. Every effort must be taken to ensure that all AI/AN people have access to a comprehensive environmental health and protection program. In addition to reducing injury and disease rates, the ultimate success of our program must also be measured by the satisfaction of our customers. All other measures of program success become secondary.

A third assumption, **the need to establish priorities,** stems from the fact that current resources permit us to accomplish only about fifty percent of the identified need for environmental health services. Priorities must be established to obtain the maximum benefit from the available resources. Terms such as health significance and risk assessment should become part of our everyday vocabulary, and become driving forces behind priority setting, program development, and program evaluation. Program managers must constantly evaluate their programs to ensure that program emphasis areas are based on

scientific data which has indicated the relevance of those programs to the elimination of public health risks, as opposed to programs which are based on tradition or the perception of risks.

A fourth assumption is **the decentralization of the EHS program**. Though the EHS program at the national level retains the responsibility for providing overall guidance to IHS programs, the development and implementation of program elements is delegated to the Area Offices, Service Units and field components. In accordance with the provisions of P.L. 93-638, tribal programs may assume total authority for program development and implementation of EHS program elements under self-governance compacts. This process encourages individual, grass roots involvement in setting priorities and establishing programs, increases staff satisfaction and morale, and fosters ownership in and commitment to the EHS mission statement.

A fifth assumption is that **the overall success of our program is directly related to the quality of our environmental health staff**, and their ability to incorporate the above assumptions into the total EHS program. Therefore, special emphasis must be placed on the recruitment of the most highly qualified professionals who possess the unique blend of professional attributes and characteristics that have proven successful in providing services in the past.

As the field of environmental health becomes increasingly complex over the next ten years, there will be a need to rely on specialists, both within our own agency and in other agencies of the federal government, to provide expertise in highly technical areas. While access to highly trained specialists may be desirable in some instances, we must be careful not to allow the program to become so fragmented that the tribes and members of our own staff become confused over the respective roles of the various agencies, and to whom they should appeal for help.

We must ensure that the generalist sanitarian/environmental health specialist remains the backbone of the program in order to maintain program continuity and to ensure that all AI/AN people have access to environmental health services.

To maintain the highest quality environmental health staff possible, the EHS program must foster an environment conducive to retaining the best professionals. This can best be done by encouraging and providing for professional growth and career development, providing a work environment which is professionally stimulating and personally rewarding, recognizing staff for their achievements, and providing a supportive environment for employees and their families.

Finally, the EHS mission cannot be considered complete without **specifically addressing self-determination and self-governance**. The impact of self governance compacting will need to be addressed as relates to the ability of the EHS program to continue to provide services to non-compacting tribes. This will be especially important in program areas which have high threshold training needs, such as institutional environmental health and community injury prevention. The Headquarters DEH will work with Area and Tribe/Corporation staff to develop a contingency plan for managing the program under a range of self governance scenarios.

In order to most efficiently address the issue of tribal self governance, IHS EHS program staff must begin to work with tribal governments now to promote the capacity of the tribe to manage its own environmental health program, and to promote a sense of community ownership. Frequent communication must be maintained between IHS and Tribal/Corporation program staff to ensure that the public health needs of the communities are being adequately identified and fully addressed as decisions are being made regarding the anticipated role of environmental health under tribal self governance.

III. PROGRAM GOALS AND OBJECTIVES

Well defined goals and objectives aimed at significant health problems are the first step in performing our mission. Goals and objectives are most effective when they are established by the people who do the work and in consultation with the people who receive the services, i.e., the AI/AN people. Areas must be cognizant of the needs of Headquarters as well as the needs of the tribes, and Area objectives should be able to accommodate Tribal, Area, and Headquarters needs with equal efficiency.

Flexibility in our approach to providing services should be used, and maximum input from staff and tribes should be solicited in setting objectives and priorities. The people who do the work should do the planning, with significant input from those for whom the work is done and with guidance and review from senior environmental health management staff.

Area-specific objectives should be established in accordance with the mission and underlying assumptions, as well as the management concepts outlined in Section IV., Management Philosophy. In addition to Area-specific objectives, the following national goals and objectives have been established which will serve as a basic framework for the program and provide a unified sense of purpose for the entire EHS program:

Goal 1: **Improve the quality of life currently experienced by American Indians and Alaska Natives through environmental health activities.**

Objective 1: By the year 2000, conduct risk-based community diagnoses/environmental assessments of every community to identify the most critical public health issues affecting community members and to ensure that tribal air, land, water resources, and food supplies, are protected from sources of pollution; such as solid and hazardous waste dumps and sources of industrial/municipal discharges.

Objective 2: Comply with Public Law 102-573, "Indian Health Amendments of 1992", which mandates the Indian Health Service to bring about the following specific reductions in environmentally related illness and injury by the year 2000:

(1) Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000 (Baseline - 82.6);

(2) Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000 (Baseline - 46.8)

(3) Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dl, and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl. (Baseline to be determined)

Goal 2: **Promote the ability of tribes to assume the responsibility for self-management of environmental health programs by actively promoting activities aimed at building tribal capacity.**

Objective 1: By the year 2000, all tribes should have developed the local capacity to address community environmental health issues through the establishment of appropriate codes and ordinances and/or local environmental health programs which are staffed by trained professionals.

IV. MANAGEMENT PHILOSOPHY

As the EHS program stands on the brink of the twenty-first century, we must develop a management philosophy which will allow us to effectively identify and address current and emerging needs. Over the next ten years, major changes in the basic program elements are not anticipated, however there will be increasing need to address the rapidly emerging issues of toxic chemicals; pollution of land, air, and water resources; unintentional injuries; exposure to excessive radiation; solid waste; and hazardous waste. There will be an increasing demand from our constituencies and Congress that these issues be addressed, however we do not currently have sufficient manpower to effectively address these issues while simultaneously maintaining the community-based program we currently provide.

Budget constraints, expanding regulations and the demand for more services pose challenging, dynamic problems that require a systematic approach for solution. These pressures result in a changing and expanding role for the environmental health professional. Our goal should be to streamline our activities without diminishing product quality. In order to ensure that the program retains its ability to address identified public health risks, it is

essential that IHS as well as Tribal/Corporation programs adopt an approach which provides the flexibility to deal with a variety of problems in a comprehensive, coordinated manner.

Traditionally, environmental health surveys at intervals as specified on the Facility Data System (FDS) inventory have served as the basic criteria around which environmental health services programs have been planned and evaluated. These surveys have been done primarily as a means for identifying potential hazards which exist within a community. However, hazard recognition is only one step in a comprehensive approach to program management. As effective environmental health managers we must use the concepts of **anticipation**, **recognition**, **evaluation**, and **intervention** to manage a comprehensive, quality environmental health program.

Anticipation is the ability to predict emerging conditions before they are recognized as public health problems. This concept is critical to insure that environmental health resources are focused on issues of the highest public health importance. The effective anticipation of public health conditions requires that program staff be actively involved in:

- Establishing interdisciplinary networks to make the best use of available resources and to enhance communication with other health professionals within the tribe/corporation and other agencies;

- Conducting comprehensive diagnoses of all communities by working with the community leaders and other health professionals to identify those environmental conditions and concerns which affect each community; and,

- Ensuring that perceptions of community environmental health risks are based on sound public health principles, instead of other factors such as media hype. We must educate our customers and colleagues in other health disciplines of "true" risks versus "perceived" risks.

Recognition is the ability to detect a hazardous condition or practice before it becomes a serious public health problem. The effective recognition of public health

issues requires that program staff be actively involved in:

Conducting community diagnoses, as discussed previously, will enable us to recognize as well as anticipate conditions;

Conducting a structured hazard surveillance process to evaluate the environment for the presence of known hazards, using a "team" approach wherever possible;

Collecting and utilizing relevant data through the systematic investigation and evaluation of environmental conditions; and,

Maintaining individual awareness of current conditions through continuing education and regular reviews of professional literature.

Evaluation is the process of assembling and interpreting data to provide an assessment of the relative importance of a condition which is based on public health principles.

In order to effectively carry out this process, EHS staff must be involved in the following ongoing activities:

Estimating impacts and outcomes of specific conditions and processes. This involves making an effort to determine what is an acceptable level of risk and determining if the impact of a given condition would produce an outcome which is significantly above this baseline and would therefore require that a higher priority for correction be assigned for that condition. **When a specific process has been identified to address a condition, that process must be continually monitored to determine if it is effectively reducing the impact of the identified condition.**

Conducting the tabulation of collected data and communicating the data to the target audience. This involves a process of collecting data and continually working with the recipient of the service to ensure that the risks and appropriate interventions are efficiently communicated. The traditional method of performing a survey, listing conditions in a

narrative report, and leaving the report with the facility manager with no follow-up until the survey is due again is not considered to be an example of an effective means of communicating risk data to the target audience.

Establishing a prioritized ranking system for addressing those conditions which represent the greatest public health risk. This involves communication with the Tribe and other agencies, as well as individuals and groups in the communities which have involvement and interest in the program.

Intervention is the ability to take appropriate action to mitigate known or potential hazards. There are three levels of the intervention hierarchy:

Modify the environment: This is the preferred method, as it depends on elimination of the hazard rather than personal action by the individual;

Require changes in practice: If the hazard cannot be completely eliminated, the hazard can be controlled by requiring individuals employ personal or work practices which limit their exposure to the hazard, such as by wearing seat belts;

Persuade individuals to change behavior: Requesting a change in behavior is not the most effective means of mitigating a hazard, but at times it may be the only means available to program staff. In using this method, it is critical that staff be effective communicators and that efforts not be limited to providing a one time training course or holding one executive briefing of tribal decision makers and then "leaving it in their hands".

V. PROGRAM COALITIONS

In order to fully realize our mission it will be necessary to supplement our existing resources by establishing program coalitions which make optimum use of resources available to us through other agencies of the USPHS, the Federal Government, and Tribes/Corporations. In addition to agreements for injury prevention activities currently

existing with the Centers for Disease Control and Prevention and the Consumer Product Safety Commission, we will also pursue interagency agreements with other agencies to further expand our capabilities.

VI. SUMMARY

"When you begin a great work, you can't expect to finish it all at once; therefore, do you and your brothers press on, and let nothing discourage you till you have entirely finished what you have begun."

Teedyuscung (Delaware)

Since the inception of the environmental health program within the IHS in 1960, noteworthy achievements have been accomplished through the unified efforts of IHS, tribal, and other agencies working together. The infant mortality rate has dropped significantly, due in part to improvements in basic sanitation facilities available to AI/AN homes. Similar reductions have been seen in the area of injury prevention, where the efforts of IHS and Tribal/Corporation EHS staff in a variety of injury prevention initiatives have been instrumental in reducing injury related hospitalizations by 25% since 1988. Much has been done, but much remains. We have begun a great work which will neither be easily completed nor quickly dispatched. Our greatest work is yet before us.